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**FACSIMILE TRANSMISSION COVER SHEET** 

: RESENDING

**DATE:** 09/18/2006

PAGES (INCLUDING COVER PAGE)

Examiner Amina S. Khan

To:

Response to Office Action

FAX:

571.273.8300

FROM: Eileen T. Mathews

CLIENT MATTER:

094342.0033

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## COMMENTS:

Dear Examiner.

Please see the attached:

- 1. Response to Office Action
- 2. Petition for Extension of Time
- Fee Transmittal

Thank you.

294148.094342.0033

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Page 1 of 2

SEP 19 2006

Mathews, Eileen

From: FAX NOTIFICATION (Cleveland Fax Notification Gateway) [Cleveland.Fax@ralaw.com]

Sent: Monday, September 18, 2006 11:48 PM

To: Mathews, Eileen

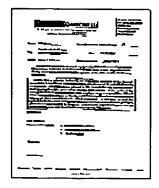
Subject: Undelivered: Fax from HP 9100C

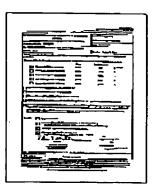
Your fax could not be sent to 571.273.8300 @ 571.273.8300

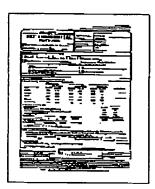
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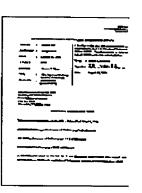
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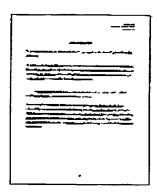
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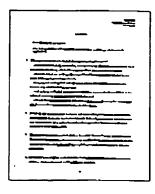


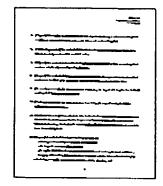


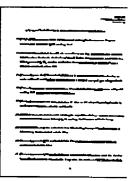








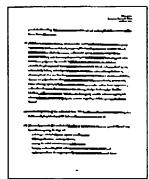


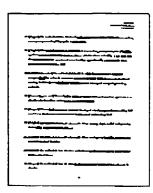


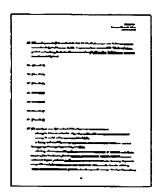
Page 2 of 2

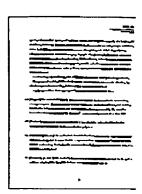
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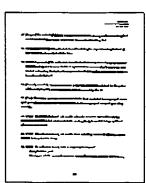


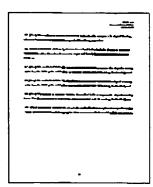


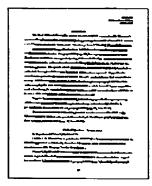


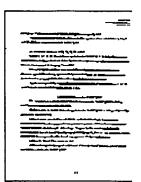


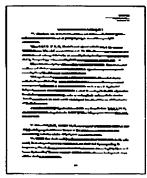


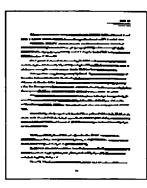


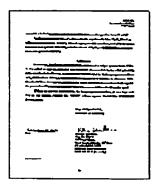












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DATE:	09/18/2006 PAGES (INCLUDING COVER PAGE):			
To:	Examiner Amina S. Khan Response to Office Action	FAX:	571.273.8300	
FROM:	Eileen T. Mathews	Client Matter:	094342.0033	

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Thank you.

294148.094342.0033

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) Complete If Known **Application Number** 10/699,308 TRANSMITTA Filing Date 10/31/2003 For FY 2005 Wright, et al First Named Inventor Examiner Name Amina S. Khan Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1751 TOTAL AMOUNT OF PAYMENT 200.00 Attorney Docket No. 094342.0033 METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 500959 Deposit Account Name: Roetzel & Andress For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) 14 Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION**  BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity **Small Entity** Application Type Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 200 Provisional 100 O 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Multiple Dependent Claims - 20 or HP = 4 50 200.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

SUBMITTED BY			
Signature	Elu Trus	Registration No. (Attorney/Agent) 41.9	73 Telephone 216.623.0150
Name (Print/Type)	Eileen T. Mathews		Date 09/18/2006

(round up to a whole number) x

/ 50 =

Non-English Specification, \$130 fee (no small entity discount)

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Other (e.g., late filing surcharge):

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